Social Determinants of Health and LGBTQ+ Health Disparities

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Session Info
Session will be recorded
Use chat for questions
Mics will be muted
Q & A at end
Thank you!
Objectives

Following this presentation, participants should be able to:

- Understand social determinants of health for LGBTQ+ communities
- Understand how stigma and discrimination can lead to health disparities in LGBTQ+ communities
- Learn strategies to help reduce LGBTQ+ health disparities
LGBTQ+ Health & Cultural Competency Library Guide

http://norris.usc.libguides.com/LGBTQhealth/home
Terms and Definitions
Sexual Orientation and Gender Identity

- **Everybody** has a sexual orientation and a gender identity
- Terminology varies, and can depend on the time, context, environment, and people using them
- Understanding how a person self-defines their sexual orientation and gender identity is important to delivering compassionate care

**Sexual Orientation**
How a person characterizes their potential emotional and sexual attraction to others

**Gender Identity**
A sense of one’s self as a man, woman, or someone other or between

Definitions from National LGBT Health Education Center
Next, we will change gears and talk about gender identity!

To understand gender identity, we first have to think differently about gender.
Gender is more complex than only “male or female”

3 Components of Gender:
- Gender Assignment – sex assigned at birth based on genitals
- Gender Identity – your internal sense of your gender
- Gender Expression – how you communicate your gender identity to others

Some people identify as nonbinary, which means their gender identity doesn’t fit only “male or female”

Now that we understand more about gender, we can learn about what it means to be transgender
Transgender (and Cisgender)

Transgender people have a gender identity that is **different** than their sex assigned at birth.

Also used as an **umbrella term** for gender identities outside of “male” and “female”.

Often abbreviated as “**trans**”.

**Important to Note:** think of and refer to people by their **gender identity**, not birth sex/genitals.

**Cisgender:** describes someone whose gender identity and birth sex **correspond**.

https://www.merriam-webster.com/words-at-play/cisgender-meaning
Transgender Identity: Key Concepts

Different Transgender Identities:

- **Transgender woman** – a woman who was assigned male at birth but identifies as a woman
- **Transgender man** – a man who was assigned female at birth but identifies as a man
- **Nonbinary/genderqueer/gender fluid** – someone whose gender identity is outside of the traditional gender binary

A person’s gender transition is an individual process: **no “one size fits all” approach**

- Many transgender/nonbinary people go by a name that better suits them and request that others use proper pronouns
- If possible, many transgender/nonbinary people will update their legal documents with their proper name/gender
- A person’s ability to transition legally/medically depends on local laws, access to health care, and financial resources
LGBTQ: Putting All the Letters Together

Lesbian
Gay
Bisexual
Transgender
Queer
+ (all other identities)

“Queer” has historically derogatory associations for some people, but others are reclaiming the word as empowering and self-identify as queer. Umbrella term for people who are not straight/cisgender.

**Q can also stand for queer/questioning**
**Intersectionality:** The idea that identities are influenced and shaped by our different characteristics as well as by the interconnection of all those characteristics.

**Important to Note:** an LGBTQ person’s access to health care, health education, and social services is influenced by many factors (not just sexual orientation/gender identity)

[Definition from the National LGBT Health Education Center](https://www.lgbthealtheducation.org/wp-content/uploads/2016/03/LGBT-Glossary_Jun2017.pdf)
Social Determinants of Health
• LGBTQ people make up 12% of the total US population
• 1 in 5 people age 18-34 identifies as LGBTQ
• Older generation not as comfortable publicly identifying as LGBTQ
• Younger generation more comfortable with identities other than traditional binary “gay/straight” and “man/woman” identities
• LGBTQ population more racially/ethnically diverse than overall population
“Inequities in power, money, and resources give rise to inequities in daily life, which in turn lead to inequities in health.” That is not politics; it is science. If you want to reduce health disparities, if you want to improve health, you have to reduce inequality.

Donald M. Berwick, MD, MPP
President Emeritus and Senior Fellow,
Institute for Healthcare Improvement
IHI Keynote Speech 2018

Social determinants affect a wide range of health risks and outcomes

Social Determinants: the conditions where people live, learn, work, and play

The conditions of daily life that matter most in determining health outcomes:

- Early Childhood
- The Condition of Work
- Resilience of Communities
- Education
- Aging
- Fairness

https://www.cdc.gov/socialdeterminants/
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Early Childhood

Family rejection (or acceptance) plays a huge role in LGBTQ kids’ wellbeing

39% of LGBTQ young people between 13-24 were suicidal within the past year; 30% of trans and gender nonconforming youth attempted suicide in the past year

Up to 40% of homeless youth are LGBTQ; LGBTQ youth are overrepresented in the foster care system

Only 16 states and DC ban conversion therapy for young people; 57% of transgender/nonbinary youth who have undergone conversion therapy report at least one suicide attempt in the past year
57% of LGBTQ students were sexually harassed in school in the past year

49% of LGBTQ students were cyberbullied

LGBTQ students who experience discrimination/violence in school have: more missed days, lower GPA, more school discipline, and higher levels of depression

Interventions that help: LGBTQ-inclusive curriculum, Gay/Straight Alliance school clubs, supportive teachers/staff, anti-bullying policy that specifically includes sexual orientation/gender identity
The Condition of Work

LGBTQ people are more likely to live in poverty

44% of transgender people are unemployed or under-employed

Majority of adults receive health insurance through employer

No federal protections for LGBT employees; 48% of LGBTQ people live in states with no anti-discrimination employment protection

LGBTQ workers survey:
- 43% aren’t fully out at work
- 47% are afraid that being out would hurt their career
- 53% have experienced or witnessed anti-LGBTQ comments from colleagues

https://www.glassdoor.com/blog/lgbtq-study/
http://www.lgbtmap.org/nondiscrimination-laws
LGBT older adults face many barriers that stem from current landscape as well as the accumulation of a lifetime of legal and structural discrimination, social stigma, and isolation.

Generational differences and lack of legal protection may cause older LGBT adults to be less open about their sexuality.

88% of older LGBT adults want LGBT-trained health care providers.
Communities that feel powerful have better health

Do people feel a connection to an LGBTQ community?

Availability of integrated community resources: LGBTQ community centers, programs aimed at different LGBTQ populations

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
In countries that reduce inequity, people live longer; minority stress is reflected in poor health outcomes.

In 141 countries ranked on LGBT Global Acceptance Index, the United States is #23; the more accepting countries are also healthier (Bloomberg Global Health Index).

In US, ~30% of non-LGBTQ population is uncomfortable with: LGBTQ family members (27%), LGBTQ teachers and doctors (28%), and seeing a same-gender couple holding hands (29%).
LGBTQ People and Healthcare Discrimination

56% of LGB people experience some form of healthcare discrimination

70% of transgender people experience some form of healthcare discrimination

“I have been refused emergency room treatment even when delivered to the hospital by ambulance with numerous broken bones and wounds.”

“Finding doctors that will treat, will prescribe, and will even look at you like a human being rather than a thing has been problematic.”

“When I tried to kill myself and was taken to a suicide center, I was made fun of by staff and treated roughly.”

“The second I mentioned my sexual orientation, [my doctor] got alarmed and mentioned HIV. I spent 3 months scared for my life for no reason.”

“Nurses were physically aggressive, also I was neglected with no bathing, & no HIV meds.”

“[Having] a practitioner that appears informed about and in command of the language relating to transgender identity would inspire more confidence about treatment and outcomes.”

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Stigma, Discrimination, and Health

- Discrimination/Stigma/Trauma
  - Chronic and Acute Stress

- Impacts
  - Mental and Physical Health
  - Access to Competent Care

- Health Disparities/Inequities

**Important to Note:** there are no LGBTQ-specific diseases or illnesses

Material from National LGBT Health Education Center
LGBTQ Health Disparities
LGBTQ Health Disparities Include:

- Higher rates of certain types of cancer
- Higher rates of HIV and STIs
- Higher rates of sexual and domestic violence
- Higher rates of suicidal thoughts/attempts
- Highest rates of substance use
- Higher rates of smoking
- Older adults: higher rates of disease and disability
- Less likely to get health screenings
- Higher rates of anxiety and depression
- Higher rates of eating disorders
- More likely to be homeless

Important to Note: Not an exhaustive list, and there are no LGBTQ-specific diseases or illnesses
Health Disparities: Gay and Bisexual Men

- Higher risk for certain types of cancers
  - Including prostate, testicular, and colon cancers

- 2x rate of experiencing sexual violence

- Higher risk of HIV infection

- Gay, bisexual, and other men who have sex with men account for 70% of new HIV infections in the US

40% of gay men and 47% of bisexual men have experienced sexual violence in their lifetime.

https://store.samhsa.gov/shin/content//SMA12-4684/SMA12-4684.pdf
https://www.cdc.gov/hiv/group/msm/index.html
Health Disparities: Lesbian and Bisexual Women

Higher risk for breast cancer
Risk factors: less likely to give birth, higher rates of alcohol consumption, fewer screenings

Bisexual Women: highest risk for rape, domestic violence
More likely to experience rape, physical violence, and stalking in their lifetime than any group

Less likely to get health screenings
Pap tests, mammograms, cholesterol screenings

https://www.cdc.gov/ViolencePrevention/pdf/NISVS_SOfindings.pdf
https://store.samhsa.gov/shin/content//SMA12-4684/SMA12-4684.pdf
Health Disparities: Transgender People

- 4x the national rate of HIV infection
  - For transgender women; higher rates for transgender women of color
- General population attempted suicide: 1.6%
- 41% attempted suicide
- Serious hurdles to accessing health care
  - 28% postponed medical care due to discrimination

Resources:
Health Disparities: Older LGBT Adults (50+)

- Higher risk of **anxiety**, depression, and disability
- More likely to be isolated and single/living alone
- Lack of social services and **culturally competent providers**
- Higher rates of **disease** and physical limitation

Where’s the Q?
Older people more likely to feel uncomfortable with “queer” label

[Links]
- https://williamsinstitute.law.ucla.edu/research/lgbt-older-adults-highlighting-isolation-discrimination/
Barriers on Provider Side

- Lack of training in medical and nursing school
- Limited but expanding research on LGBTQ populations
- Not trained to ask about sexual orientation or gender identity
- Lack of LGBTQ leaders in healthcare settings
Access to Health Care in California

• Health insurers and health care providers (both private and public) are banned from discriminating based on sexual orientation or gender identity
• Health insurers are required to provide coverage for medically necessary health care procedures for transgender people
• Hospitals are required to respect patients’ right to choose a support person

California has **77% of all LGBT adults** living in the Pacific states (1.6 million adults)

Estimated that **380,000+ LGBT seniors** will reside in CA by 2030

Disparities in Health Care Access and Health Among Lesbians, Gay Men, and Bisexuals in California
https://williamsinstitute.law.ucla.edu/research/lgbt-adults-in-the-us/
What Can We Do?

Creating a Welcoming, Inclusive Healthcare Environment
Commit to Inclusivity

Each provider has a role in creating a comfortable and safe care environment for each patient’s journey.

We are all empowered to help end LGBTQ invisibility in health care.
Cultural Competency Strategies

Respectful Language

- Avoid “microaggressions”
- Challenge assumptions and use gender-neutral language
- Use proper name and gender pronouns

Policies

- Ensure non-discrimination policies include sexual orientation and gender identity
- Have transgender-specific policies

Data Capture

- Have inclusive surveys and forms
- Be able to capture gender identity and birth sex separately
- Be able to collect more robust sexual orientation/gender identity data
Respectful Language
Respectful Language: Avoid “Microaggressions”

**Microaggressions?** Small remarks or statements with **harmful** or **discriminatory implications** (intentional or unintentional)

- You can’t be bisexual, you’re married to a man
- You’re too pretty to be a lesbian
- You don’t act like a typical gay guy
- I would have never known you were transgender – you’re so pretty
- Sorry, I have to call you by your legal name
- You look just like a real man
- I keep forgetting to use your “preferred” pronouns
- That’s so gay
- Who’s the man in the relationship?

**Important to Note:** Microaggressions are a health issue! The more people experience microaggressions, the more likely they are to report depression, anxiety, and physical health issues

[https://psychologybenefits.org/2014/02/07/anti-lgbt-microaggressions/](https://psychologybenefits.org/2014/02/07/anti-lgbt-microaggressions/)
Respectful Language: Avoid Assumptions

When you encounter a new person/patient, try to steer clear of words that assume a certain gender identity or sexual orientation

Challenge Your Assumptions:

- You can’t know someone’s sexual orientation or gender identity by looking at them
- Just because you know someone’s gender identity, that doesn’t mean you know their sexual orientation (and vice versa)
- You can’t know how people are related to each other without asking
- You can’t know what words people want you to use without asking

How to Avoid Assumptions?

- Avoid using gender pronouns (e.g., he/she)
- Avoid using gender-based words or titles (sir/ma’am, Mr./Mrs.)
- Use respectful, gender-neutral words and phrases
- Be inclusive of different family structures
### Respectful Language: Avoid Assumptions

#### Gender-Neutral Terms
- Avoid: sir/ma’am, ladies and gentlemen, boys and girls, etc.
- Use gender-neutral terms: person/people, individual, folks, everybody/everyone, kiddos, etc.

#### Singular “They”
- Embrace the singular “they” as a gender-neutral pronoun!
- Example: “Lindsey is your next patient – they use “they/them” pronouns and this is their first time to Keck. They have a persistent cough. I’ll bring them back to the exam room.”

#### Families
- Use: parent, guardian (instead of mother/father)
- Use: child/kid (instead of son/daughter) and sibling (instead of sister/brother)

#### Relationships
- Avoid: girlfriend/boyfriend or wife/husband terms
- Use: partner, significant other, spouse, or relationship
My Favorite Phrase:

“Who do you have with you today?”

Give the power to the patient – let them decide how they want to define their relationships to you!
Respectful Language: Name and Pronouns

Everyone has a name, everyone has pronouns

Only use gender pronouns if you’re sure of a person’s gender identity and the pronouns they use – otherwise, stick to gender neutral language

- Most women, including trans women, use “she/her/hers”
- Most men, including trans men, use “he/him/his”
- Some people may use “they/them/theirs”
- If you’re unsure, ask respectfully

Important to Note: You Can’t Always Trust the Paperwork/Chart!
Many transgender/nonbinary people have insurance and ID documents that do not accurately reflect their current name/gender identity
Best Practice: Give the Power to the Patient

We can put the power in the patient’s hands to let us know how they would like us to refer to them.

Hi, my name is [Lindsey], and I use [she/her] pronouns. I ask this of everyone I meet, to make sure everyone is comfortable – what name and pronouns would you like me to use?

Important to Note: By practicing with all patients, we remove the risk of assumptions and help all patients understand our commitment to inclusivity.
Inclusive Policies
## Inclusive Policies

### Keck Medical Center of USC:
- Patient Non-Discrimination Policy (ADM-1-110)
- Admitting Guidelines (ADM-200)
- Visitors and Overnight Guests (ADM-1-117)
- Patient's Rights and Responsibilities (ADM-1-112)
- **NEW:** Protocols for Interacting with Transgender Patients (ADM-2-207)
- **NEW:** Restroom Access (ADM-1-150)
- REVISED: Admission Process: Admission and Placement of Patient (CP-1-102)

### USC Verdugo Hills Hospital:
- Patient Non-Discrimination Policy (ADM-N-1.11)
- Nondiscrimination of Admissions Policy (ADM-N-1.1)
- Equal Visitation Policy (ADM-V-1.1)
- Patient's Rights and Responsibilities (ADM-P-1.01)
- **NEW:** Protocols for Interacting with Transgender Patients
- **NEW:** Restroom Access
- **NEW:** Transgender Patients Room Assignment
Data Capture
What Do Patients Have to Fill Out?

**Intake Forms?**
- Can patients identify if they are transgender or nonbinary?
- Can patients identify what name and pronouns they want caregivers to use?

**Medical/Family History Forms?**
- Are forms capturing relationship status with an unmarried partner?
- Are patients able to identify parents/guardians other than “mother/father”?

**Patient Experience Surveys?**
- Do your surveys collect data on sexual orientation or gender identity?
- Do your surveys ask about how well their needs were met relating to sexual orientation or gender identity?
Recording Gender Identity and Birth Sex

NEW: Capability to record “Stated Sex” and “Birth Sex” separately

Added “Nonbinary” as an option (Male, Female, Nonbinary, Unknown)

Recording Gender Identity

NEW: When taking a comprehensive social intake, providers can record gender identity with new options

Options: Male, Female, Transgender Man, Transgender Woman, Genderqueer (neither exclusively male nor female), Other, Choose not to disclose

Recording Sexual Orientation

NEW: When taking a comprehensive social intake/sexual history, providers can record sexual orientation with new options

Options: Straight, lesbian/gay, bisexual, other, unknown, choose not to disclose

Changes in KeckCare Implemented Oct. 1, 2018
CMS Meaningful Use Stage 3 guidelines from the federal government required that EMRs be able to capture more detailed sexual orientation and gender identity
CMS and Joint Commission provide guidelines and recommendations for the unique needs of LGBTQ patients

Commit to Best Practices

White papers, articles, and resources available from leaders in LGBTQ health

https://www.jointcommission.org/lgbt/
https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/LGBT.html
Keck LGBTQ Health Website Launched in April

Information Highlights:
• Non-Discrimination Policy
• HEI “LGBTQ Healthcare Equality Leader”
• Patient Resources
• Restroom Access Policy
• Privacy/Confidentiality
• Advance Health Care Directives
• Keck Pride
• Positive Care Program

https://www.keckmedicine.org/lgbtq/
I have autism and am a transgender male. I started my transition from female to male just over a year ago. Because of having a seizure disorder, I have been to hospital emergency rooms and been admitted to in-patient many times.

I have had many awful experiences that resulted in me being very afraid of hospital staff altogether. Since starting my transition, I became more afraid of being treated badly by hospital staff and physicians.

The nurses [at the Verdugo Hills Hospital ER] were very sensitive to my needs, using male pronouns and treating me with such dignity, that I felt safe when I was there. For me, that’s huge.

I attend a weekly support group for transgender people, and I hear so many stories of abusive treatment. The world can be very unkind. However, every good experience brings back hope. Being treated with dignity is so important. It can make such a difference to someone like myself.
Serve as a resource for LGBTQ-related initiatives throughout Keck Medicine of USC

Patient Care

Employee Engagement

Community Benefit
What You Can Do – Starting Today!

- Challenge your assumptions and stereotypes
- Use inclusive, gender-neutral language
- Learn the policies at your organization
- Commit to asking names and pronouns
- Treat everyone with balance and respect
Thank you!
Lindsey Lawrence, MHA
Lindsey.Lawrence@med.usc.edu

Please email to learn more/join the email list:
keckpride@med.usc.edu

https://www.keckmedicine.org/lgbtq
MedLambda

Email medlambda@gmail.com for more information and to join our listserv for monthly event!
Norris Medical Library
Hannah Schilperoort

- Information Services Librarian
- schilper@usc.edu
- LGBTQ+ Health & Cultural Competency Library Guide

Research Help

- Desk – Plaza Level
- Phone: (323) 442-1116
- Chat: see red box at lower right-hand corner of page
- Email: medlib@usc.edu
- Request a consultation
- Ask a Librarian form
Questions?
Ask in chat!

Q & A will be recorded.

Thank You!